The listing of claims below will replace all prior versions and listings of claims in the

application.

The invention claimed is:

1. (Currently Amended) A parametric model-based computer implemented method for

customizing an ablative surgical algorithm for use in refractive ophthalmic surgery, comprising:

receiving, with a data receiver of a computer, pre-perturbation data concerning a cornea

on which a refractive ophthalmic surgery will be performed, wherein pre-perturbation data is

data acquired before a pre-operative perturbation of the cornea:

receiving, with a data receiver of the computer, post-perturbation data concerning the

cornea on which the refractive ophthalmic surgery will be performed, wherein post-perturbation

data is data acquired after a pre-operative perturbation of the cornea;

accessing, with a processor of the computer, a parametric model stored in a computer

readable medium, the parametric model storing one or more correlations between corneal data

and predicted post-operative results; and

selecting, with a processor of the computer, an ablative surgical algorithm stored in a

computer readable medium for use in the surgery, the selection based on one or more

correlations between the pre perturbation data and predicted post operative results, one or more

correlations between the post perturbation data and predicted post operative results, or

combinations thereof; and

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selectively updating, with a processor of the computer, the selectedan ablative surgical

algorithm stored in a computer readable medium, the updating based, at least in part, on the one

or more correlations between post-operative results and one or more of the pre-perturbation data

and the post-perturbation data;

wherein the updated surgical algorithm is customized for the cornea on which a refractive

ophthalmic surgery will be performed.

2 - 6. (Cancelled)

7. (Previously Presented) The method of claim 1, wherein the pre-perturbation data received

comprises one or more of topographic data, pachymetric data, elevation data, corneal thickness

data, corneal curvature data, corneal acoustic response and ultrasonic data, wave front data,

intraocular pressure data, peripheral stromal thickness data, age data, sex data, contact lense data,

prior surgical response data, patient visual acuity and visual performance data.

8. (Previously Presented) The method of claim 1, wherein the post-perturbation data

received comprises one or more of topographic data, pachymetric data, elevation data, corneal

thickness data, corneal curvature data, corneal acoustic response and ultrasonic data, wave front

data, flap thickness data, intraocular pressure data, peripheral stromal thickness data, age data,

sex data, contact lense data, prior surgical response data, patient visual acuity and visual

performance data.

9 - 23. (Cancelled)

24. (Previously Presented) The method of claim 50 implemented in a system for updating the

parametric model, comprising:

a data receiver for receiving at least one of the pre-perturbation data, the post-

perturbation data, a post-ablation data concerning the cornea on which the refractive opthalmic

surgery was performed, and a patient visual performance data concerning the cornea on which

the refractive opthalmic surgery was performed; and

a data integrator that selectively updates the parametric model based, at least in part, on at

least one of, the pre-perturbation data, the post-perturbation data, the post-ablation data, and the

patient visual performance data.

25. (Currently Amended) The method of claim 1, wherein updating of the ablative surgical

algorithm is based on the pre-perturbation data and one or more correlations between the pre-

perturbation data and one or more predicted-post-operative results.

26. (Previously Presented) The method of claim 7, wherein the pre-perturbation data received is

acquired by one or more of corneal topography, optical coherence tomography, wave front

analysis, ultrasound, and patient interview.

27. (Previously Presented) The method of claim 8, wherein the post-perturbation data received

is acquired by one or more of corneal topography, optical coherence tomography, wave front

analysis, ultrasound, and patient interview.

28 - 33. (Cancelled)

34. (Currently Amended) The method of claim 1 implemented in a computer data signal

embodied in a transmission medium, comprising:

a first set of instructions for receiving corneal data selected from one or more of the pre-

perturbation data and the post-perturbation data;

a second set of instructions for selectingselectively updating an ablative algorithm based

upon one or more correlations between the corneal data and a predicted post-operative result, the

correlations being stored in a parametric model and associated with suggested adaptations to the

ablative algorithm; and

a third set of instructions for updating the ablative algorithm based on the corneal data

and the one or more correlations

35 - 37. (Cancelled)

38. (Currently Amended) The method of claim 1, comprising:

storing in a memory of a laser eye surgery apparatus an ablation program that controls a

laser of the apparatus for ablating corneal tissue;

storing in the memory corneal data selected from one or more of the pre-perturbation data

and the post-perturbation data;

storing in the memory the parametric model that stores a correlation between the corneal

data and the predicted-post-operative result;

adapting with a processor of the apparatus the ablation program based on the correlation;

and

storing in the memory the adapted ablation program.

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39. (Cancelled)

40. (Currently Amended) A computer readable medium storing computer executable

instructions operable to perform computer executable portions of the a\_method of claim 1\_for

customizing an ablative surgical algorithm for use in refractive ophthalmic surgery, comprising:

receiving, with a data receiver of a computer, pre-perturbation data concerning a cornea

on which a refractive ophthalmic surgery will be performed, wherein pre-perturbation data is

data acquired before a pre-operative perturbation of the cornea;

receiving, with a data receiver of the computer, post-perturbation data concerning the

cornea on which the refractive ophthalmic surgery will be performed, wherein post-perturbation

data is data acquired after a pre-operative perturbation of the cornea;

accessing, with a processor of the computer, a parametric model stored in a computer

readable medium, the parametric model storing one or more correlations between corneal data

and post-operative results; and

selectively updating, with a processor of the computer, an ablative surgical algorithm

stored in a computer readable medium, the updating based, at least in part, on one or more

correlations between post-operative results and one or more of the pre-perturbation data and the

post-perturbation data;

wherein the updated surgical algorithm is customized for the cornea on which a refractive

ophthalmic surgery will be performed.

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41. (Currently Amended) A system for updating an ablation algorithm for customizing

refractive ophthalmic surgery, comprising:

a data receiver for receiving pre-perturbation data-and, post-perturbation data, or both,

concerning a comea on which a refractive ophthalmic surgery will be performed;

a computer readable medium having stored thereon a parametric model for storing

correlations between one or more of the pre-perturbation data, the post-perturbation data, and a

predicted corneal data and post-operative results, the correlations being associated with suggested

adaptations to ablative algorithms; and

a processor for (i) selecting an ablative algorithm for use in the surgery based on one or

more of the correlations stored in the parametric model and (ii)selectively updating thean

ablation algorithm based, at least in part, on one or more correlations between post-operative

results and one or more of the pre-perturbation data, and the post-perturbation data, and the one

or more correlations

42. (Previously Presented) The system of claim 41, wherein the data receiver is adapted to

receive corneal data selected from one or more of corneal acoustic response and ultrasonic data,

patient visual acuity and visual performance data, topographic data, pachymetric data, elevation

data, corneal thickness data, corneal curvature data, wave front data, intraocular pressure data,

flap thickness data, peripheral stromal thickness data, age data, sex data, contact lense data, and

prior surgical response data.

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43. (Previously Presented) The system of claim 54, wherein the corneal data is acquired before

a cornea is ablated, before a cornea is cut, before a cornea is scraped, or before a corneal

epithelial layer is peeled.

44 - 45. (Cancelled)

46. (Previously Presented) The system of claim 54, wherein the corneal data is acquired after a

cornea is cut, after a cornea is ablated, after a cornea is scraped, or after a corneal epithelial layer

is peeled.

46. - 49. (Cancelled)

50. (Previously Presented) The method of claim 1, comprising ablating corneal tissue from a

cornea in accordance with the updated corneal ablative algorithm.

51. (Currently Amended) The method of claim 425, wherein updating of the ablative surgical

algorithm is based on the post-perturbation data and one or more correlations between the post-

perturbation data and one or more predicted post-operative results.

52. (Cancelled).

53. (Currently Amended) The method of claim 1, wherein updating of the ablative surgical

algorithm is based on (i) the pre-perturbation data and one or more correlations between the pre-

perturbation data and one or more predicted post-operative results; and (ii) the post-perturbation

data and one or more correlations between the post-perturbation data and one or more predicted

post-operative results.

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54. (Previously Presented) The system of claim 42, wherein the corneal data is acquired by one or more of corneal topography, optical coherence tomography, wave front analysis, ultrasound, and patient interview.